



CONTACT & GENERAL INFORMATION

First Name: _____ Last Name: _____

Stage Name (if different from above): _____

Address: _____ Cell Phone: _____

City: _____ Secondary Phone: _____

State: _____ Zip Code: _____ Email Address: _____

Best time & way to reach you: _____

Are you on UGA's payroll, been on their payroll within the year, or retired from UGA? Are you a UGA student (*If yes to either, please briefly explain.*) _____

How did you hear about our Standardized Patient Program? _____

Are you usually available Monday - Friday between 9:00 am and 5:00 pm? *If no, please explain.*

PERSONAL PROFILE

Briefly describe yourself.

The following information is solely intended to determine suitability for certain roles.

Do you have any scars, irregularities, or special medical conditions that might enhance or impede your ability to portray specific roles?

Describe any previous experience as a Standardized Patient (roles trained for, where worked, etc.).

Please list any other information you feel would be of use to us (occupations or professions you can discuss intelligently, experience providing feedback, teaching experience, evaluation experiences, etc.).

CASTING CHARACTERISTICS: *The following information is used for casting purposes only*

Height: _____ Weight: _____

EMPLOYMENT INFORMATION: *Please list current employer below*

Employer: _____ Full-time Part-time

Supervisor: _____ Job Title: _____

Phone Number: _____ Job Duties: _____

May we contact your supervisor? Yes No _____

In the space below, please provide two (2) references: one (1) professional and one (1) personal.

Name: _____ Name: _____

Phone Number: _____ Phone Number: _____

Relationship: _____ Relationship: _____

Signature: _____ Date: _____

*Thank you for your interest in being a Standardized Patient for the UGA School of Medicine.
Please email or mail your completed form to Tina Powers.*

Tina E. Powers
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tepowers@uga.edu

Standardized Patient Program
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